



Key Fields for Case Reporting

OVERVIEW

This job aid highlights the key fields and the NC DHHS data elements required or recommended to be filled out for cases who have had follow-up (i.e., an interview.) This includes fields in the Administrative, Demographic, Clinical, and Risk packages.

All required fields are marked by a double hashtag (##). All recommended fields are denoted by a caret (^).

Administrative Package

## Initial Source of Report to Public Health	Health Department Provider
Local Health Department	New Hanover County
## Date of Initial Report to Public Health (Required)	05/07/2021
## Initial method of report	Electronic lab report (ELR)

NC Co	
If a different county is investigating this event, the county of residence must share this event. If patient is not a NC resident, enter the NC investigating county here.	
## NC County of Residence for the Event	New Hanover County
Investigation Trail: Add a new entry for	
## Date Assigned-Reassigned	
## Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	
## Select the reason for the assignment/reassignment	
^ Authorized Reporter	
## Classification status	

Disease Report Information

- ## Initial Source of Report to Public Health
- ## Date of Initial Report
- ## Initial method of report

NC County Residence for the Event

- ## NC County Residence for the Event

Investigation Trail

- ## Date Assigned-Reassigned
- ## Group
- ## Select the reason for the assignment/reassignment
- ## Classification Status
- ^ Authorized Reporter

Demographic Package

Fields that are greyed out in the Demographic package can only be updated in the Person Information tab.

## First name	Randy
Maiden name / Other last name	
Social security number	123-45-6789
## Birth date	09/10/1963
Age	57
## Gender	Male
Transgender?	Not Applicable
^ Race	White
^ Hispanic ethnicity	No
Country of birth	USA
Primary language	English American
Interpreter needed	No
Verification of Reporting County is needed:	No
^ Street address	51 Market Street
^ City/Town	Wilmington
## State	NC
## County	New Hanover County
^ Currently homeless	
^ What kind of work does this person do?	Re
^ Employer name	MLB (retired)
^ What kind of business or industry does this person work in?	Athletics

Name:

- ## First and Last Name

Demographic Information:

- ## Birth date
- ^ Race
- ## Gender
- ^ Hispanic ethnicity

Locating Information:

- ## State
- ^ Street Address
- ## County
- ^ City/Town
- ## Country
- ^ Zip code
- ^ Currently homeless

Employment Information:

- ^ What kind of work does this person do?
- ^ Employer Name
- ^ What kind of business or industry does this person work in?



Key Fields for Case Reporting

All required fields are marked by a double hashtag (# #). All recommended fields are denoted by a caret (^).

Clinical Package

General	
# # Is / was patient symptomatic for this disease?	Yes
# # Date that best reflects the earliest date of illness identification	05/06/2021
# # Illness identification date represents:	Date symptoms began
Clinical Findings (Including signs, s	
# # Earliest (1st) symptom onset date (only required if symptomatic)	
Heal	
# # Was the patient hospitalized for this illness > 24 hours?	No
# # Clinical outcome	
# # Date of Death (update in Person Tab)	

General Diagnostic Information

- # # Is/was the patient symptomatic?
- # # Date that best reflects the earliest date of illness identification
- # # Illness identification data represents:

Clinical Findings

- # # Earliest (1st) symptom onset date (required only if symptomatic)

Healthcare Information

- # # Was the patient hospitalized for this illness > 24 hours?

Clinical Outcomes

- # # Clinical Outcome
- # # Date of Death

Risk Package

Congregate L	
# # In the 14 days prior to illness onset, did the patient live in any congregate living facilities or stay in any other congregate living locations that were not their primary residence? (Add new for all that apply) <input type="checkbox"/>	
Additional congregate risk information:	
Health Care Facility E	
# # In the 14 days prior to illness onset, did the patient have any of the following health care exposures? (Add new for all that apply) <input type="checkbox"/>	No known exposure
Does the patient know anyone else with similar symptoms?	
# # In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)?	
# # In the 14 days prior to illness onset, did the patient have any of the following additional risk exposures? (check all that apply)	
# # Was the patient interviewed? <input type="checkbox"/>	
# # Interviewer's name	
# # Date of interview	
^ Were interviews conducted with others?	
^ Did the patient or other interviewed name any contacts?	

Congregate Living

- # # In the 14 days prior to illness onset, did the patient live in any congregate living facilities.....primary residence?

Health Care Facility Risks

- # # In the 14..... did the patient have any of the following health care exposures?

Other Exposure Information

- # # In the 14..... did the patient have contact with a known COVID-19 case?
- # # In the 14.....did the patient have any of the following additional risk exposures?

Case Interviews/Investigations

- # # Was the patient interviewed?
- # # Interviewer's name
- # # Date of interview
- ^ Were interviews conducted with others?
- ^ Did the patient or other interviewed name any contacts?

Key Fields for Case Reporting

Below are the steps to assign an event to the state. Check with your local guidance to determine if this is an action you should be taking. After you have assigned the event, be sure that the final classification status matches the lab test type indicated.

Assigning an Event

Investigation Trail: Add a new entry for each group to which the event transfers	
## Date Assigned-Reassigned <input type="checkbox"/>	05/06/2021 <input type="text"/>
## Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	New Hanover COVID <input type="text"/>
## Select the reason for the assignment/reassignment	Original/Initial Assignment <input type="text"/>
^ Authorized Reporter	<input type="text"/>
## Classification status	Confirmed <input type="text"/>
Notes	
## Date Assigned-Reassigned <input type="checkbox"/>	05/16/2021 <input type="text"/> Add New
## Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	State Disease Registrar <input type="text"/>
## Select the reason for the assignment/reassignment	Assign to State <input type="text"/>
^ Authorized Reporter	<input type="text"/>
## Classification status	Confirmed <input type="text"/>
Notes	Positive COVID-19 case

Investigation Trail

- ## Date Assigned-Reassigned (current date)
- ## Group (if assigning to state, type "State Disease Registrar"; if assigning LHD to LHD, type county name)
- ## Select the reason for assignment/reassignment
- ^ Authorized Reporter (case investigator name)
- ## Classification Status

NOTE

"Unknown" should only be selected as a response if the patient has indicated that they do not know the answer to a question. You should not fill in "Unknown" if the patient was not interviewed.